

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90015 029 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082296

1. Entity Name
BENVENUTO REALTY, INC.

Principal Place of Business
%MARVIN S. ROSEN
222 LAKEVIEW AVENUE STE. 800
WEST PALM BEACH FL 33401

Mailing Address
%MARVIN S. ROSEN
222 LAKEVIEW AVENUE STE. 800
WEST PALM BEACH FL 33401

B0093122



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-6237735**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AS**
NAME **ROSEN, MARVIN S**
STREET ADDRESS **222 LAKEVIEW AVENUE STE. 800**
CITY-ST-ZIP **WEST PALM BEACH FL 33401** ☒ Delete

TITLE **D**
NAME **BAXTER, CYNDEE**
STREET ADDRESS **222 LAKEVIEW AVENUE STE. 800**
CITY-ST-ZIP **WEST PALM BEACH FL 33401** ☐ Delete

TITLE **P**
NAME **STRAUSS, RICHARD**
STREET ADDRESS **222 LAKEVIEW AVE., STE 800**
CITY-ST-ZIP **WEST PALM BEACH FL 33401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Strauss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

561-838-4501

CR2034 (9/01)